

Foster Family Home - Corrective Action Report

Provider ID: 1-180088

Home Name: Jenevallen Manera, NA

Review ID: 1-180088-2

94-1162 Nalii Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/4/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/4/19.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN
Compliance Manager

Date

11/4/19

[Signature]
Primary Care Giver

Date

11-4-19